SCC eFile	2013 ANNUAL REPORT 213551285 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION				
1.) CORPORATION NAME:			DUE DATE: 1/31/2013		
21st CENTURY INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor			SCC ID NO: F1695040 5.) STOCK INFORMATION		
1111 East Main Street			CLASS	AUTHORIZED	
RICHMOND, VA 23219			COMMON	100,000	
3.) CITY OR COUNTY OF VA REC RICHMOND CITY	GISTERED OFFICE:				
4.) STATE OR COUNTRY OF INC CA	ORPORATION:				
6.) PRINCIPAL OFFICE ADDRESS	S:				
ADDRESS: 3 BEAV	/ER VALLEY ROAD				
CITY/ST/ZIP: WILN	MINGTON, DE 19803				
7.) DIRECTORS AND PRINCIPAL	OFFICERS: All directors may be designed.	and principal gnated as bo	officers must I th a director ar	pe listed. An individual an officer.	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY DESANTIS P/CEO 3 BEAVER VALLEY RD WILMINGTON, DE 19803	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM D LOUCKS JR VICE PRESIDENT 3 BEAVER VALLEY RD WILMINGTON, DE 19803	X OFFIC	ER	DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George G O'Brien VP/S/GC 3 BEAVER VALLEY RD WILMINGTON, DE 19803	X OFFIC	ER	DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN A PFEIL VP, CFO, T 3 BEAVER VALLEY RD WILMINGTON, DE 19803	X OFFIC	ER	DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L PEPPER ASST TREASURER 5600 BEECH TREE LANE CALEDONIA, MI 49316	X OFFIC	ER	DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald G Myhan VP, AT 4680 Wilshire Blvd Los Angeles, CA 90010	X OFFIC	ER	χ DIRECTOR	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dale A Marlin DIRECTOR 1575 Capadaro Ct Monument, CO 80132	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald E Rodriguez DIRECTOR 3635 Long Beach Blvd Long Beach, CA 90807	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John T Wu DIRECTOR 75 N Santa Anita Suite 106 Arcadia, CA 91006	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kenneth W Bentley DIRECTOR 800 N Brand Blvd Glendale, CA 91203	OFFICER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter D Kaplan DIRECTOR 8711 St Ives Drive Los Angeles, CA 90069	OFFICER	X DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JEFFREY L PEPPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY L PEPPER, ASS TREASURER PRINTED NAME AND COR TITLE		12/4/2012 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					